



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Bonnie J. Lammers, MD

Respondent Name

New Hampshire Insurance Company

MFDR Tracking Number

M4-15-1532-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

January 23, 2015

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Insurance carrier/adjuster submitted NO OBJECTIONS to any portion of the 12/21/2013 invoice submitted for the 12/12/2013.

NO PAYMENT has been made on this account.

On 2/18/15 I received by fax the response from Gallagher Bassett indicating that: MULTIPLE ATTEMPTS were made to CALL the provider to request corrected billing to no avail.

Gallagher Bassett has NOT provided any documentation for these alleged phone calls.

Had they called and left messages regarding this account their phone calls would have been returned.

PLEASE note that they DO NOT dispute my letter dated 2/23/2014 requesting payment and DO NOT dispute my phone call on 5/23/2014 in which I personally spoke with adjuster Cynthia Zavala. Certainly by 5/23/2014 Gallagher Bassett had sufficient time to review the 12/21/2013 invoice and Cynthia Zavala could have informed this DD of any request for bill revisions.

AGAIN, Gallagher Bassett has submitted NO documentation regarding their claims of MULTIPLE attempts to call me.

I request PAYMENT in FULL on this account as NO timely objections were made by insurance carrier or adjuster."

Amount in Dispute: \$865.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our initial response to the above referenced medical fee dispute resolution is as follows: we escalated the bills in question for manual review to determine if additional monies are owed and have been informed after a re-review that our vendor found the reductions made were proper. The rationale of the denial is because the provider's state billing license number is invalid or was not received pursuant to Texas Rule 133.10 Box 33B is blank. Multiple attempts were made to call the provider top request corrected billing to no avail.

Attached is a copy of all bills received to date, and their corresponding EOB's and payment details."

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
December 12, 2013	Designated Doctor Examination	\$865.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication

Issue

1. Did the requestor waive the right to medical fee dispute resolution?

Findings

1. 28 Texas Administrative Code §133.307(c)(1) states: "Timeliness. A requestor shall timely file the request with the division's MFDR Section or waive the right to MFDR. The division shall deem a request to be filed on the date the MFDR Section receives the request. A decision by the MFDR Section that a request was not timely filed is not a dismissal and may be appealed pursuant to subsection (g) of this section. (A) A request for MFDR that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute." The date of the services in dispute is December 12, 2013. The request for medical dispute resolution was received in the Medical Fee Dispute Resolution (MFDR) section on January 23, 2015. This date is later than one year after the date(s) of service in dispute. Review of the submitted documentation finds that the disputed services do not involve issues identified in §133.307(c)(1)(B). The Division concludes that the requestor has failed to timely file this dispute with the Division's MFDR Section; consequently, the requestor has waived the right to medical fee dispute resolution.

Conclusion

The Division finds that the requestor has waived the right to medical fee dispute resolution for the services in dispute, as addressed in 28 Texas Administrative Code §133.307(c)(1) and (c)(1)(A). For that reason, the merits of the issues raised by the parties to this dispute have not been addressed.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services in dispute.

Authorized Signature

_____ Signature	Laurie Garnes Medical Fee Dispute Resolution Officer	March 16, 2015 Date
--------------------	---	------------------------

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.